



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR TENNESSEE

FFY 2004-2005

This Plan describes the CCDF program to be conducted by the State for the period 10/1/03 – 9/30/05. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

TABLE OF CONTENTS

AMENDMENTS LOG

PART 1 ADMINISTRATION

PART 2 DEVELOPING THE CHILD CARE PROGRAM

Section 2.1 - Consultation and Results of Coordination

Section 2.2 - Public Hearing Process

Section 2.3 - Public-Private Partnerships

PART 3 CHILD CARE SERVICES OFFERED

Section 3.1 - Description of Child Care Services

Section 3.2 - Payment Rates for Child Care

Section 3.3 - Eligibility Criteria for Child Care

Section 3.4 - Priority for Serving Children and Families

Section 3.5 - Sliding Fee Scale for Child Care Services

Section 3.6 - Certificate Payment System

PART 4 PROCESSES WITH PARENTS

PART 5 ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

Section 5.1 - Quality Earmarks and Set-Aside

Section 5.2 - *Good Start, Grow Smart* Planning & Development

PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS (50 States & District of Columbia only)

Section 6.1 - Health and Safety Requirements for Center-based providers

Section 6.2 - Health and Safety Requirements for Group Home providers

Section 6.3 - Health and Safety Requirements for Family providers

Section 6.4 - Health and Safety Requirements for In-Home providers

Section 6.5 - Exemptions to Health and Safety Requirements

Section 6.6 - Enforcement of Health and Safety Requirements

Section 6.7 - Exemptions from Immunization Requirements

PART 7 HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

APPENDIX 1 -- PROGRAM ASSURANCES & CERTIFICATIONS

APPENDIX 2 -- ELIGIBILITY AND PRIORITY TERMINOLOGY

APPENDIX 3 -- ADDITIONAL CERTIFICATIONS (on file - not included here)

REQUIRED ATTACHMENTS

- Attachment Part 3.A., Unregulated Child Care Provider Health & Safety Checklist
- Attachment Part 3.B., Child Care Assistance Program Provider Reimbursement Rates
- Attachment Part 3.C., Determining Child Care Market Rates in the State of Tennessee.
- Attachment Part 3.D., Fiscal Year 2002/2003 Provider Reimbursement Rates and
Corresponding Fiscal Year 2003/2004 Percentiles.
- Attachment Part 3.E., Parent Income Eligibility and Co-Pay Fee Table FY 2003/2004
- Attachment Part 3.F., Sample Child Care Certificate
- Attachment Part 4.A., Child Care Certificate Program Unregulated Provider Policy
Guidebook
- Attachment Part 4.B., State TANF Plan Operation
- Attachment Part 5.A., Quality Enhancement and Standards Grant Recipients FY 2002/2003
- Attachment Part 6.A., Unregulated Child Care Provider Prevention & Control of Infectious
Disease Sheet

AMENDMENTS LOG

Child Care and Development Services Plan for _____

For the period: 10/1/03 -- 9/30/05

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

Instructions:

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

PART 1 -- ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency:	Tennessee Department of Human Services
Address of Lead Agency:	400 Deaderick Street, Nashville, Tennessee 37248
Name and Title of the Lead Agency's Chief Executive Officer:	Virginia T. Lodge, Commissioner
Phone & Fax Numbers:	Phone (615) 313-4700 Fax (615) 741-4165

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name and Title of the State Child Care Contact (CCDF):	Deborah Neill, Director of Child Care, Adult and Community Programs
Address of Contact:	400 Deaderick Street, Nashville, Tennessee 37248
Phone & Fax Numbers:	Phone (615) 313-4770 Fax (615) 532-9956
E-Mail Address:	Deborah.Neill@State.tn.us

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2003 through September 30, 2004. (§98.13(a))

-CCDF:.....	\$111,500,000
-Federal TANF Transfer to CCDF (if known):	\$50,600,000
-Direct Federal TANF Spending on Child Care (if known):	\$21,200,000
-State CCDF Maintenance of Effort Funds:	\$18,975,000
-State Matching Funds:	\$15,500,000
-Total Funds Available:	\$217,775,000

1.4 The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent): \$ 3,000,000 (1 %). (658E(c)(3), §§98.13(a), 98.52)

1.5 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

() Yes. – GO to Section 1.8.

(X) No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies. (658D(b)(1)(A), §98.11)

The Department of Human Services (DHS) administers most of the child care services and quality improvement activities through contractual agreements with universities and community agencies. The Department includes clear performance expectations in its contracts and provides training and technical assistance to contract agencies to ensure maximum compliance and performance outcomes. Regular reporting is required from contract agencies to ensure adherence to the contracted scope of services.

The majority of Tennessee's contracts are executed annually through a competitive negotiation process.

The Lead Agency ensures overall administrative control of all activities not administered directly by utilizing its policies and procedures for third party funding. At a minimum, annual monitoring is performed by the Lead Agency or by the Department of Finance and Administration staff, of all contracts, grants, and agreements, according to state and federal regulations.

1.6 For **child care services** funded under §98.50 (i.e., certificates, vouchers, grants/contracts for slots **based on individual eligibility**), does the Lead Agency itself: (§98.11)

• Determine individual eligibility of non-TANF families? YES **X NO **X
If NO, identify the name and type of agency that determines eligibility of non-TANF families for child care:

****Note:** *The Lead Agency itself currently determines eligibility for non-TANF families for child care assistance in the four urban counties: Davidson, Knox, Chattanooga and Shelby.*

In the other 91 counties, the Lead Agency uses contract agencies that operate under the Lead Agency's eligibility determination policies and procedures to determine eligibility for non-TANF families.

Following is the list of contracted agencies:

*Douglas Cherokee Economic Authority – Community Action Agency
Upper East Tennessee Human Development Agency – Community Action Agency
Upper Cumberland Human Resource Agency – State authorized community program
South Central Human Resource Agency - State authorized community program
Mid-Cumberland Human Resource Agency - State authorized community program
North Tennessee Economic Development Council - Community Action Agency
Southwest Human Resource Agency - State authorized community program
Southeast TN Human Resource Agency - State authorized community program*

- Determine individual eligibility of TANF families? YES **X** NO ____

If NO, identify the name and type of agency that determines eligibility of TANF families for child care:

- Assist parents in locating child care? YES ****X** NO ****X**

If NO, identify the name and type of agency that assists parents:

****Note:** *The Tennessee Lead Agency itself assists parents on the certificate program who reside in the four urban counties, Davidson, Knox, Chattanooga and Shelby, if they need assistance in locating child care.*

In the other 91 counties, the Lead Agency uses contract agencies that operate under the Lead Agency's parent consumer education policies and procedures to assist parents needing assistance in locating child care.

Following is the list of contracted agencies:

*Douglas Cherokee Economic Authority – Community Action Agency
Upper East Tennessee Human Development Agency – Community Action Agency
Upper Cumberland Human Resource Agency – State authorized community program
South Central Human Resource Agency - State authorized community program
Mid-Cumberland Human Resource Agency - State authorized community program
North Tennessee Economic Development Council - Community Action Agency
Southwest Human Resource Agency - State authorized community program
Southeast TN Human Resource Agency - State authorized community program*

- Make payments to providers? YES **X** NO ____

If NO, identify the name and type of agency that makes payments:

- 1.7** Is any entity named in response to section 1.6 a non-governmental entity? (See section 1.6 of the guidance). (658D(b), §§98.10(a), 98.11(a))

() No.

(**X**) Yes, the following entities named in section 1.6 are non-governmental:

Douglas Cherokee Economic Authority – Community Action Agency
Upper East Tennessee Human Development Agency – Community Action Agency
Upper Cumberland Human Resource Agency – State authorized community program
South Central Human Resource Agency - State authorized community program
Mid-Cumberland Human Resource Agency - State authorized community program
North Tennessee Economic Development Council - Community Action Agency
Southwest Human Resource Agency - State authorized community program
Southeast TN Human Resource Agency - State authorized community program

Section 1.8 - Use of Private Donated Funds

1.8.1 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

☒ No. GO TO 1.9

☐ Yes. The name and type of entity designated to receive private donated funds is:

Name:

Address:

Contact:

Type: (See section 1.6 of guidance) .

Section 1.9 - Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☐ No.

☒ Yes,

YES The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

20 Estimated % of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

The State's Pre-K program, managed by the Department of Education (DOE), in collaboration with the Lead Agency, receives state funding which is used for the CCDF match. These Pre-K funds are used through DOE with several

different entities that include local education agencies. The program creates expanded availability for 3 and 4-year-old children for enhanced education, including wrap-around child care services, to increase the availability of full-day, full-year child care services that meet the needs of working families. Parts of the funds are used, through DOE staff, to coordinate the certification and reporting of Pre-K expenditures.

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

- ☐ No.
☒ Yes, and

20% Estimated % of the Matching Fund requirement will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

The State's Pre-K program, managed by the Department of Education (DOE), in collaboration with the Lead Agency, receives state funding which is used for the CCDF match. These Pre-K funds are used through DOE with several different entities that include local education agencies. The program creates expanded availability for 3 and 4-year-old children for enhanced education, including wrap-around child care services, to increase the availability of full-day, full-year child care services that meet the needs of working families. Parts of the funds are used, through DOE staff, to coordinate the certification and reporting of Pre-K expenditures.

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents (§98.53(h)(2)):

Pre-K programs have been created for "at-risk" three and four year old children. The minimum requirements of these programs are as follows. Program requirements marked with a check mark (✓) indicate that the item directly meet the need of working parents.

- ✓ *Provide extended day/extended year services for children of working families, or those attending school, who require care outside of the 5 ½ hour day for the full year. This can happen on-site or in collaboration with another agency.*
- ✓ *Provide a program that meets the guidelines of child care standards of Tennessee as regulated by the Department of Human Services (DHS) and Department of Education (DOE). All sites must pass fire and environmental*

inspections and be certified or approved by DOE or DHS. Programs administered by not-for-profit child care agencies must be licensed by DHS.

- ✓ *Provide sufficient staff that the classroom has a minimum adult:child ratio of 1:10 for four-year-olds or 1:8 for three-year-olds. The maximum class size is 20 children for classes with a majority of four-year-olds and 16 children for classes with a majority of three-year-olds.*
- ✓ *Provide a teacher who is licensed in Early Childhood Education (ECE) or who is teaching under an approved waiver or interim licensure will be provided for each classroom that serve ECE pilot program children.*
- ✓ *Teacher assistants who hold or are working toward a Child Development Associate (CDA) certificate will be provided in sufficient numbers to provide an adult:child ratio to meet the above standards.*
- ✓ *Provide an appropriate educational curriculum to address all developmental areas: cognitive, social, emotional and physical.*
- ✓ *Provide family involvement including conferences at least twice yearly.*
- ✓ *Establish a cooperative link with the local health department to meet health care needs and link with the Tennessee Early Intervention System (TEIS) to meet the needs of children with disabilities and those who need special services.*
- ✓ *Implement in order to foster a smooth transition plan to introduce each child and family to kindergarten.*
- *Provide appropriate educational activities to enrolled children for a minimum of 5 ½ hours per day for 180 days*
- *Maintain 90% enrollment.*
- *Provide staff development annually.*
- *Serve as an early childhood education demonstration model to other early childhood agencies.*
- *Provide quantitative, results-based performance measures to evaluate successful completion of the activities described above.*

These programs will be served by resources funded or provided by DHS such as technical assistance from the local Child Care Resource and Referral Centers, State Licensing assistance, Tennessee Early Childhood Training Alliance and the State Child Care Certificate Program.

Collaboration will occur between state officials of the Department of Human Services, the Department of Education, the Department of Health and the Department of Mental Health and Developmental Disabilities to assure the provision of comprehensive services to the children enrolled.

Part 2--DEVELOPING THE CHILD CARE PROGRAM

2.1 - Consultation and Coordination

- 2.1.1 Consultation. Describe the consultation the Lead Agency held in developing this Plan and the results of that consultation. At a minimum, the description must include the following:

- Representatives of local governments;

The Lead Agency organized and held a meeting of local and state representatives requesting review and consultation of the proposed CCDF plan. The following is a list of representatives with the name and type organization they represent.

<u>Angie Herdman</u>	Metropolitan Davidson County Mayor's Office of Children and Youth	County government
<u>Jan Bushing</u>	Tennessee Department of Education Office of School Based Services	State government
<u>Sandra Williamson</u>	Tennessee Department of Education Office of School Based Services	State government
<u>Janet Coscarelli</u>	Tennessee Department of Education Head Start State Collaboration Office	State government
<u>Linda O'Neal</u>	Tennessee Commission on Children and Youth	State government
<u>Marilyn Ontiveros</u>	Department of Health Maternal & Child Health	State government
<u>GingerWood-Oguno</u>	TN Child Care Association President-Elect	State representative
<u>Linda Moynihan</u>	Tennessee Conference on Social Welfare	State organization
<u>John Garnett</u>	Tennessee Association for the Education of Young Children-President	State organization

The following were invited but were unable to attend:

- ❖ *Representative from the Memphis City Schools- County Government*
- ❖ *Representative from Signal Centers, Inc.-Private Non-Profit Organization*
- ❖ *Representative from Vanderbilt University Child Care-Local Organization*

- ❖ *Representative from the Tennessee Council on Developmental Disabilities-State Government*
- ❖ *Representative from the Select Committee on Children and Youth-State Government*
- ❖ *Representative from the South East Conference Association-Local Organization*
- ❖ *Representative from the Fayette County Schools-County Representative*
- ❖ *Representative from the Lenoir City School-Local Government*

There were no significant changes to the Plan as a result of this consultation. Comments were made to include more complete coordination efforts.

- Tribal organizations when such organizations exist within the boundaries of the State. (658D(b)(2), §§98.12(b), 98.14(b))

2.1.2 Coordination. Lead Agencies are required to coordinate with other Federal, State, local, tribal (if applicable), and private agencies providing child care and early childhood development services.

Check any of the following services provided by agencies with which the Lead Agency coordinates. In each case identify the agency providing the service and describe the coordination and expected results:

X Public health including programs that promote children's emotional and mental health:
The Department of Human Services (DHS) has collaborated with the Department of Health's Maternal and Child Health (MCH) Division through the Healthy Child Care America Campaign for a number of years. The areas of collaboration emphasize child health and safety included in all child care provider evaluations, assessments and training opportunities. The inclusion of a health consultant at each of the eleven Child Care Resource & Referral Centers statewide is an example of how our partnership with MCH benefits our child care providers. The Lead Agency is also collaborating with Department of Health on the upcoming Early Childhood Comprehensive Systems (ECCS) grant

X Healthy Child Care America Campaign *See above.*

 Employment services

X Public education:

The Department of Human Services collaborates with the Department of Education (DOE) and other state departments through a Statewide Interagency Coordinating Council to provide early intervention services for children birth to three years who have developmental delays.

DHS also licenses before and after school programs in local education agencies and provides services to improve the quality of school age child care through technical assistance and training. DHS partners with DOE, DOH, the Head Start State Collaboration Office, TN Head Start Assoc., Nashville Davidson County and Shelby County governments as well as other not-for-profit organizations to print and distribute SMART FROM

THE START, a calendar-like flip chart that guides parents and care givers through a child's development from the first three months of life to age five.

X TANF:

The Lead Agency also operates the TANF program for Tennessee. The two divisions within the Lead Agency, The Department of Human Services, closely coordinate the eligibility policy and referral of child care services for the TANF participants and their 18 months of transitional child care serviced upon leaving TANF assistance.

X State Pre-K programs:

These programs are served by resources funded or provided by DHS such as technical assistance from the local Child Care Resource and Referral Centers, State Licensing assistance, Tennessee Early Childhood Training Alliance (TECTA) and the State Child Care Certificate Program. Collaboration occurs between state officials of DHS, DOE, Department of Health and the Department of Mental Health and Developmental Disabilities (DMHDD) to assure the provision of comprehensive services to the children enrolled.

X Head Start programs:

*DHS licenses Head Start programs and provides funding through certificates for children receiving TANF services for before and after class child care. The Lead Agency, in collaboration with Head Start, is providing the **HeadsUp ! Reading** initiative.*

X Programs that promote inclusion for children with disabilities:

The DMHDD collaborates with DHS and provides funds and expertise on inclusion of children with special needs into child care facilities. This collaboration occurs through the Child Care Resource and Referral Centers and through the Interagency Coordinating Council.

___ Others (please identify) (658D(b)(1)(D), §98.12(a), 98.14(a)(1) & (2))

2.2 - Public Hearing

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must indicate:

- Date(s) of statewide notice of public hearing 6/5/2003
- Manner of notifying the public about the statewide hearing:
The public was notified via Public News Release to 183 major media outlets statewide; direct mailing and/or e-mailing of notice of the Plan to specifically identified persons in state and local government, and a copy of the notice was added to the state's website for all interested persons
- Date(s) of public hearing(s) 6/25/2003

- Hearing site(s) Tennessee Department of Human Services
400 Deaderick Street
Nashville, TN 37248
2nd Floor Boardroom.
- How the content of the plan was made available to the public in advance of the public hearing(s) (658D(b)(1)(C), §98.14(c)):
- The content of the plan was made available on the state's website at www.state.tn.us/humanserv/. The plan was also duplicated and distributed to interested parties on request or by e-mailed.

2.3 - Public-Private Partnerships

- Describe the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, including the results or expected results. (658D(b)(1), §98.16(d)):

The Department of Human Services, through the Child Care Facilities Corporation (CCFC), initiated a Corporate Initiative in 2000. This initiative includes:

- *Educating community, including employers, about the bottom-line benefits associated with public and private child care assistance;*
- *Facilitating collaborative initiatives that enable employers to share ideas as well as pool resources to address child care needs;*
- *Providing technical assistance and marketing tax incentive information to the corporate community; and*
- *Disseminating the "Kids At Work" brochure to new and expanding companies, the Chamber of Commerce, mayors, county executive, etc.*

Additional initiatives that are funded with CCDF monies are the Quality Child Care Initiative of Anderson County, Tennessee and the Nashville Supports Early Education Staff (SEES). The Quality Child Care Initiative of Anderson County (QCI), TN is a pilot program that partners with local businesses and organizations to provide information and services to the community regarding the needs of children in child care. QCI uses community resources to bring early childhood training and information to all areas of the county. Local business resources are matched with funds through CCFC. The expected result is an increase in public-private partnerships in the area in order to increase the availability and quality of child care.

Nashville SEES, managed by Tennessee Voices for Children, provides a substitute child care teacher initiative to place quality, full-time substitute child care teachers in Nashville area Head Start programs, child care centers, and family child care homes. This program aids providers in obtaining quality substitutes through a publicly funded organization.

PART 3 -- CHILD CARE SERVICES OFFERED

Section 3.1 - Description of Child Care Services

REMINDER: The Lead Agency must offer certificates for services funded under 45 CFR 98.50. (98.30). Certificates must permit parents to choose from a variety of child care categories, including center-based care, group home care, family child care and in-home care. (§98.30(e))

3.1.1 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☒ No.

☐ Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

3.1.2 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☐ No.

☒ Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

In Tennessee, an individual may legally keep up to four (4)-unrelated children, along with any number of related children, without being licensed by the Lead Agency. An individual may apply to enroll in the Agency's certificate program and receive certificate subsidy payments for eligible children, but must agree to certain limitations in order to participate in the program. Notably,

- 1) An enrolled unregulated provider must limit the number of unpaid related children under the age of 13 years to two children.*
- 2) An enrolled unregulated provider must limit the number of paid children to four for a total of six related and unrelated children in care.*
- 3) An applicant for unregulated care must conform to the basic health and safety checklist.*
- 4) An applicant for unregulated care must be age 21 or older.*

*Unregulated providers, even relatives, must meet basic character and capability standards for the moral and physical safety of the child. Each unregulated home, including the child's own home, must meet the basic health and safety requirements for the physical safety of the child. Certain exemptions are permitted for in-home care and for care provided by immediate relatives. Please see item labeled **Attachment Part 3.A, Unregulated Child Care Provider Health and Safety Checklist**. A parent has the right to appeal the Department's decision to not pay for*

an unregulated provider, which has been selected by the parent, when that provider fails to meet the basic requirements.

3.1.3 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

☒ Yes

☐ No, and the following are the localities (political subdivisions) and the services that are not offered:

Section 3.2 - Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided as **Attachment Part 3.B Child Care Assistance Program Provider Reimbursement Rates**. The attached payment rates are effective as of **July 1, 2003**.

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey was completed: **July 2002**. (§98.43(b)(2)). A copy of the Market Rate Survey and the results of the survey are provided as **Attachment Part 3.C. Determining Child Care Market Rates in The State of Tennessee**.
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

The Lead Agency performs an annual market rate analysis of statewide child care, with the latest being completed in July 2002, for purposes of planning the state fiscal year 2003/2004. This market analysis was from data tabulated from the Lead Agency's child care information database of all regulated child care providers across the state and represents all geographic regions within the state. The analysis allows the Lead Agency to compare its reimbursement rates with the child care market rates. Based on the results of the market rate analysis, and budget considerations, the Lead Agency sets its provider rates dependent upon two types of population and economic distribution areas, provider types, and child ages. The two types of population and economic distribution areas are defined as the "Top 17" counties with the 17 highest average populations and incomes over the last three years followed by the remaining 78 counties. Providers in the "Top 17" counties' provider reimbursement rates range between the 45th and the 70th percentile of the market, and the remaining 78 counties rates range between the 38th and the 70th percentile. A one-page analysis of these ranges and

*specific percentiles are provided in **Attachment Part 3.D., Fiscal Year 2002/2003 Provider Reimbursement Rates and Corresponding Fiscal Year 2003/2004 Percentiles.***

The state FY 2003/2004 child care budget of federal CCDF funding and state funding will not allow any increase in provider rates. Increases in the TANF caseloads in fiscal years 2001 through 2003, with no let up in the foreseeable future, combined with the lack of a significant increase in the child care reauthorization bill for CCDF has resulted in the Department's inability to increase provider rates.

- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

No additional facts offered.

- If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

Payment rates do reflect rates for the full range of providers.

Section 3.3 - Eligibility Criteria for Child Care

By statute, all eligible children must be under the age of 13, or under age 19 if physically or mentally incapable of self-care, or under court supervision, and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (658E(c)(3)(B), 658P(3), §98.20(a))

- 3.3.1 Complete column (a) in the matrix below. Complete Column (b) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

Family Size	(a) 85% of State Median Income (SMI) (\$/month)	IF APPLICABLE (b) Income Level, lower than 85% of SMI, if used to limit eligibility	
		\$/month	% of SMI
1	2,065	1,458	60
2	2,700	1,906	60
3	3,336	2,355	60
4	3,971	2,803	60

5	4,606	3,252	60
---	-------	-------	----

The Lead Agency uses the State Median Income (SMI) for *the Federal Fiscal Year 2004 as taken form the Federal Register Vol. 68 No. 56.*

If applicable, the date on which the eligibility limits detailed in column (b) became effective **July 1, 2003**

- 3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as (defined below). (§§98.16(g)(5), 98.20(b))

***Income**, for eligibility purposes, is defined as the gross household income of those family members counted within the household. This includes counting the work income from any teenage family member who is residing in the home and who is not attending school or a training program.*

***Excluded income**, for eligibility purposes, is that amount paid out by the applying parent in child support as an absentee parent to another family; part time or summer employment of child or teenage family members who are still attending school or a training program, food stamps; certain education funds such as PELL grants.*

- 3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

() No

(X) Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

***Teen Parents:** All teen parents in school applying for child care assistance must maintain satisfactory attendance and academic progress.*

***Minimum Participation Effort:** All non-TANF low-income parents or caretakers applying for child care assistance must:*

- *Maintain full-time employment, education or a mix there of: and,*
- *Must earn a gross income that equals minimum wage or above for the number of hours worked.*

***Post-secondary Education:** All non-TANF low-income parents or caretakers applying for child care assistance and are in post-secondary education or training*

must make satisfactory progress and participate in activities for 40 hours per week which combine education with work or other approved activities.

- 3.3.4 Has the Lead Agency elected to waive on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☒ Not Applicable, *CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services. Tennessee uses Social Services Block Grant funding for foster children in state custody. The Lead Agency does not administer the foster care program. That administrative agency is the Department of Children's Services.*

☐ No

☐ Yes

- 3.3.5 Does the Lead Agency allow child care for children above age 13 and above who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☐ No

☒ Yes, and the upper age is **19**.

- 3.3.6 Does the Lead Agency allow child care for children above age 13 and above who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☐ No

☒ Yes, and the upper age is **19**.

- 3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

☐ Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

☒ No.

***Note:** Tennessee uses Social Services Block Grant funding for foster children in state custody. The Lead Agency does not administer the foster care program. That administrative agency is the Department of Children's Services.*

- 3.3.8 Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☐ Yes.

(X) No.

Note: *The Lead Agency does not administer the protective services program.
That administrative agency is the Department of Children's Services.*

Section 3.4 Priorities for Children and Families

- 3.4.1 The following describes the priorities for serving CCDF-eligible children including how Priority required by statute is given to children of families with very low family income and children with special needs: (Terms must be defined in Appendix 2) (658E(c)(3)(B))

Tennessee Code 71-3-154 section (h)(1) specifies that an individual eligible for TANF assistance and who is participating in the work requirements will receive up to eighteen (18) months of child care assistance.

Tennessee Code 71-3-154 section (a)(5) specifies that an individual transitioning off of TANF assistance for any reason except for failure to cooperate with child support enforcement efforts and who is employed will receive eighteen (18) months of child care assistance.

Therein, the Lead Agency provides for the following priorities:

- 1. Parents and caretakers receiving TANF cash assistance and in need of child care to meet their TANF work participation requirements.*
- 2. Parents and caretaker's transitioning off of TANF cash assistance and in need of child care to meet full-time work participation requirements and earning less than 60% of the state median income.*
- 3. When funding permits - Non-TANF parents earning less than 60% of the state median income and who meet full-time work participation requirements.*
- 4. When funding permits - Non-TANF teen parents whose family earns less than 60% of the state median income and who meet full-time participation requirements.*
- 5. When funding permits - Non-TANF families which have a child with special needs and the family earns less than 60% of the state median income.*

- 3.4.2 The following describes how CCDF funds will be used to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off of TANF through work activities, and those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

The Lead Agency will maintain a state subsidy for TANF families to receive child care assistance for up to eighteen (18) months upon each approval for TANF, not to exceed the cumulative lifetime limit of sixty (60) months.

The Lead Agency will maintain a state subsidy for those TANF families who transition off of TANF assistance to receive child care assistance for up to eighteen (18) months upon each approval for transitional assistance. There is no lifetime

limit for this assistance as a new eligibility period of 18 months is granted upon each closure of a TANF case.

The Lead Agency will provide child care assistance for low-income, non-TANF families within the funding limits provided under the CCDF block grant of mandatory, discretionary and state match funds. During Fiscal Year 2003/2004, Tennessee may not open this assistance program because of serious budget shortfalls due to the increases of TANF cases. If budgetary restraints necessitate, the Lead Agency will discontinue child care assistance to currently enrolled low-income, non-TANF parents earning more than 25% to 40% of the SMI depending on family size. When adequate funding is available to cover new low-income, non-TANF cases, this assistance program will reopen to new admissions.

- 3.4.3 The following describes how the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies:

Unserved, low-income, non-TANF families who cannot be served during periods of limited funding are placed on a waiting list, including those individuals who have reached their 18-month limit of transitional child care assistance.

Low-income, non-TANF parents who are placed on waiting lists are advised of the Child Care Resource and Referral Center's service to explore less costly care options in their area. These options include the use of Head Start programs, Pre-K programs, non-profit community agency child care programs, community church child care programs, and regular child care programs which offer rates based on sliding income scales.

Parents working at very low income employment are advised of the federal Earned Income Tax credit of which 40-60% of their eligible tax credit can be taken out of their weekly paycheck and used to help offset child care expenses.

Parents working in moderately higher income employment are advised to take advantage of the Child Care Tax Credit to help offset child care expenses.

Section 3.5 - Sliding Fee Scale for Child Care Services

- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services is provided as **Attachment Part 3.E Parent Income Eligibility and Co-pay Fee Table FY 2003/2004** and an explanation of how it works is below.

Please note that this is the first time since October 1991 that the Lead Agency has modified the methodology and the "minimum to maximum" fee scale used in preparing its parent co-pay fee amounts. Assignment of a co-pay fee is based on the non-TANF family's gross monthly household income. The fees in the attached table

are shown in weekly amounts. These fees are based on a percentage of gross monthly income against a percentage of the state median income ranging 'up the ladder' in 21 tiers to ensure the tiers graduate in very small steps. The minimum tier in all family sizes start at 10% of the state median income with each tier increasing by 2.5% to the maximum at 60% of the state median income. Fees are based on the mid-point of each 2.5% range in income to minimize the effect of the lower end of each tier paying a significantly higher proportion than the higher end of each tier. The mid-points start at 2% in the first tier and range up to 8.8% in the 21st tier. In effect, the minimum tier for a family of two pays as little as 1.0% of its monthly income in fees for one child while the low end of the 21st tier (paying the highest proportion) pays a maximum of 9% of their monthly incomes in fees for one child.

A sibling discount reduces the second child's co-pay fee amount by taking 25% off of the fee being assessed for the first child. The same 25% discount is set for each additional sibling being served.

The attached fee scale is effective as of **July 1, 2003.**

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- ☒ No.
☐ Yes, and the following describes any additional factors that will be used to determine a family's contribution including, but not limited to, a maximum amount (family cap), number of children in care, cost of care, and/or whether care is full or part-time:

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

- ☒ Yes
☐ No, and other scale(s) are provided as Attachment ____.

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is:

\$15,260. *Note: This poverty level is the Department of Health and Human Resources' poverty guideline issued 2/7/2003 in the **Federal Register**, Vol. 68, No. 26.*

The Lead Agency must elect ONE of these options:

- ☐ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

- () ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- (X) SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. A description of these families is:

In Tennessee, only eligible families transitioning off of TANF and non-TANF families share in the cost of child care through an assigned parent co-pay fee. TANF families (very low income or no income) are not assigned a parent co-pay fee.

3.5.4 Does the Lead Agency have a policy that prohibits child care providers from charging families any unsubsidized portion of the providers' normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

- (X) No
- () Yes, please describe:

3.5.5 The following is an explanation of how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

*Assignment of co-pay fees is based on the non-TANF family's gross monthly household income. The fees in **Attachment Part 3.E Parent Income Eligibility and Co-pay Fee Table FY 2003/2004** are shown in weekly amounts. These fees are based on a percentage of gross monthly income against a percentage of the state median income ranging 'up the ladder' in 21 tiers to ensure the tiers graduate in very small steps. The minimum tier in all family sizes start at 10% of the state median income with each tier increasing by 2.5% to the maximum at 60% of the state median income. Fees are based on the mid-point of each 2.5% range in income to minimize the effect of the lower end of each tier paying a significantly higher proportion than the higher end of each tier. The mid-points start at 2% in the first tier and range up to 8.8% in the 21st tier. In effect, the minimum tier for a family of two pays as little as 1.0% of its monthly income in fees for one child while the low end of the 21st tier (paying the highest proportion) pays a maximum of 9% of their monthly incomes in fees for one child.*

Section 3.6 - Certificate Payment System

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for child care services from a variety of providers (including community and faith-based providers (center-based, group home, family and in-home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), 658P(2), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))

Describe the overall child care certificate payment process, including, at a minimum:

3.6.1 A description of the form of the certificate: (§98.16(k))

*The child care certificate is a one page, system generated form listing the eligible parent's name, address, chosen provider, eligibility type, eligibility period, child(ren) needing care, their payment schedule type and any assigned parent co-pay fee. The parent receives one copy for his/her records and another copy to present to his/her chosen provider. The certificate authorizes child care services. The provider is paid directly by the Lead Agency based on documentation of attendance through an invoice submitted by the provider on a monthly, semi-monthly, or bi-weekly basis, showing hours and days of each child's attendance. Please see item labeled **Attachment 3.F Sample Child Care Certificate.***

- 3.6.2 A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider: (658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) & (e)(1) & (2))

All Tennessee parents, including TANF and non-TANF, are interviewed in person upon the initial intake and eligibility process. During this interview, the family's child care needs are determined and the parent is oriented on the full range of provider types, elements of quality child care and what to look for when searching for quality child care services. Parental choice is the cornerstone of the certificate program. Lists of providers enrolled in the certificate program are made available to each parent. All parents are advised they may select from and receive subsidy assistance for the full range of providers, including formal, informal, unregulated or in-home care. If needed, an authorization form can be generated for a parent to present during their search to verify their eligibility. Additionally, all providers in the state are listed on the Lead Agency's Internet website at: www.state.tn.us/humanserv/. The website search provides parents with basic information about the provider such as: if they accept certificates, if they provide transportation services, what type of provider they are, etc. This website allows parents access to information at their convenience at home, work or public Internet locations. Once the parent has made their choice of a provider and presents this information to the Lead Agency, the child is enrolled and a certificate is issued to the parent. TANF and transitional parents may receive retroactive assistance when pre-existing periods of eligibility have been determined.

- 3.6.3 If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))

Currently Tennessee does not provide CCDF child care assistance through grants or contracts with providers.

PART 4 - PROCESSES WITH PARENTS

4.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

- How parents are informed of the availability of child care services and about child care options;
- Where/how applications are made;
- Who makes the eligibility determination;
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4; and
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs.
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.

Families participating in Tennessee's TANF program and those transitioning off of TANF assistance, are informed by their TANF caseworker, verbally and by written notice, of all benefits and support services available to them to participate in the required work activities, including child care assistance. The TANF caseworker makes the eligibility determination for both TANF and transitional programs and then makes the determination for the need of child care assistance. The TANF caseworker informs the client about any exceptions to individual penalties at this time. In most Tennessee counties, the TANF caseworker and the certificate program child care worker are co-located in the same office. An electronic referral is issued by the TANF caseworker to the certificate program child care worker who then issues a notice to the parent to come in for the initial interview. The certificate program child care worker then explains the program rules and how to make child care arrangements. Walk-in clients can be seen the day of referral. TANF eligibility is redetermined by the TANF caseworker every six months. A separate redetermination with the certificate program child care office is not required. Transitional eligibility is for 18 months with a redetermination of eligibility every twelve (12) months through the certificate program office. The Transitional parent may mail or fax verification information to that office in lieu of an office interview.

Low-income, non-TANF families may apply directly to the certificate program child care office. Applications can also be received by mail. An initial interview is conducted to explain the program rules and to make child care arrangements. Non-TANF eligibility is redetermined every twelve (12) months. The Non-TANF parent may mail or fax verification information to that office.

- 4.2 The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

A record of substantiated parental and non-parental complaints is maintained by the Lead Agency's child care licensing division on every regulated provider in the state. The number and type of substantiated complaints on any individual provider is made available to the general public upon request to the local licensing office.

- 4.3 The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

*Parents have unlimited access to their children enrolled in all types of care throughout the state. For regulated providers this access is documented in Tennessee State Law located at TCA 1240-4-1-.03 (d). The Certificate Program Unregulated Provider Policy Guidebook states that unregulated providers are required to "allow the parent or caretaker to see their children any time while they are in your care" and an agreement must be signed by the providers who wishes to receive subsidy payments. The Policy Guidebook is provided as **Attachment Part 4.A., Child Care Certificate Program Unregulated Provider Policy Guidebook.***

- 4.4 The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has demonstrated an inability to obtain needed child care:

Tennessee and its Lead Agency operate its TANF program under federal waiver. The waiver is part of the Lead Agency's TANF State Plan of Operations. The plan specifies that participants are exempt from the work requirement when the Lead Agency cannot provide assistance with certain support services, e.g., transportation or child care. Participants are informed at the eligibility interview and by information brochures screened and approved by the Tennessee Justice Center, Tennessee's leading legal advocacy organization for low income citizens. *Please see **Attachment Part 4.B., State TANF Plan of Operation.***

*The TANF agency that established these criteria or definitions is: **The Tennessee Department of Human Services.***

- *"appropriate child care":*

Appropriate child care is that care which, at a minimum, meets the state child care licensing standards or the health and safety checklist for unregulated home providers established by the Lead Agency for these types of care arrangements.

- ***"reasonable distance":***

The distance from the parent's home to the child care arrangement is considered "reasonable" travel when the care location is within walking distance, or access to personal, other private or public transportation is known to be available to that parent.

- ***"unsuitability of informal child care":***

Informal or unregulated care is considered unsuitable when it does not accommodate the parent's work schedule or his/her need for reliability. The unregulated provider who does not meet Lead Agency's requirements for appropriate character or capability to provide safe care is considered unsuitable. Also, the care setting which does not meet the Lead Agency's minimal requirements for health and safety is considered unsuitable.

- ***"affordable child care arrangements":***

An affordable child care arrangement is care provided by those agencies and individuals who are participating in the Lead Agency's certificate program for subsidized assistance and with whom the arrangement was selected by the parent.

PART 5 - ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

5.1 - Quality Earmarks and Set-Asides

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities.

***Infants and toddlers:** The Lead Agency has completed its plan to develop a pool of certified Program for Infant/Toddler Caregivers (PITC) trainers and has established model sites across the state. This program is administered through Tennessee's system of Child Care Resource and Referral Centers. There are currently 16 sites practicing PITC that will be maintained as model sites. Some of these sites will complete Phase II of their PITC educational training during FY 03-04. Most of the sites have received substantial monies designated for equipment and resources, although during the FY 03-05 period these monies will be limited. A statewide coordinator oversees this project.*

Six PITC specialists are in place on a regional basis with two each in the east, middle and west regions of the state. As providers make observation visits to the model sites the PITC specialists will follow through with those providers in a variety of ways. Technical assistance will be offered and clusters of training/support in the areas are planned as the numbers allow for group training. Individual training will be offered if the numbers do not warrant group training. Following training the specialist will maintain contact and promote the model. Regional specialists will work with other staff of the Child Care Resource and Referral Centers to promote interest in observations of model sites.

Both Tennessee Early Childhood Training Alliance (TECTA) and Tennessee Child Care Provider Training (TN-CCPT) trainers have been educated in this model and are a resource for model sites and a source of information and training. The Technical Assistants at the Child Care Resource & Referral Centers have also received training and support the PITC model.

Expected outcomes are to maintain the 16 model sites and coordinate at least two visits per month to each of the sites by interested providers. Providers visiting the model sites will receive follow-up visits by the specialists to encourage their interest and implementation of the model. Providers practicing the PITC model should increase by 20 agencies during FY 03-04.

***Resource and referral services:** The Child Care Resource Centers have been expanded to become Child Care Resource and Referral (CCR&R) Centers. The Lead Agency will provide Resource and Referral services for the public and for CCDF customers in each of the existing eleven (11) sites across the state. The eleven (11) entities are either private non-profit organizations or Tennessee Board of Regents (TBR) institutions. Each*

CCR&R Center will have specialists who provide counseling, information, and consumer education on quality child care to parents and other interested parties. The Centers will also provide community outreach for individualized initiatives that fit the community's needs as defined by a local needs assessment. The initiatives will promote expansion and quality of child care through collaboration with community agencies, private business and other interested parties. Initiatives will include parent education on a variety of topics. There are also provisions in the resources for the CCR&R Centers that are designed to increase both parent and child caregiver knowledge of early childhood education, and support for child care agency staff. The CCR&R Centers will assist agencies, both regulated under DHS and DOE, with improving their program or practices, improving health outcomes for children in care and to successfully include children with special needs and disabilities in their program.

An Internet web site is available at www.state.tn.us/humanserv/ to aid parents and the public to secure general information on licensed and registered providers in the state. The information available includes the addresses, contact information, hours of operation, type of facility, capacity and whether the provider offers transportation services and accepts certificate program participants.

Expected results are that providers will improve their program and/or practices, increase their knowledge of child development, and implement research based early childhood education curricula. Providers will improve health outcomes for children in care and successfully include children with special needs and disabilities in their program. Parental choices for selecting quality child care will increase as the resource and referral process will be on a local level as administered through the eleven CCR&R Centers across the state. These Centers are also expected to increase parent knowledge of such issues as child development, the importance of early childhood education and developmentally appropriate behavior management. The performance measurements for this outcome will be increased ratings for providers on the Harms Environment Rating Scales resulting in increased ratings in the Tennessee Star Quality Program. Parent satisfaction and knowledge will be measured through surveys.

School-age child care: *Technical assistance and support to develop and/or expand school-aged child care programs for children six through twelve years of age will be available through the CCR&R Centers. Workshops, site visits, lending library resources and telephone consultations will assist providers with learning activities for before and after school programs, school holiday programs and full-time care programs during the summer months.*

Expected results are that provider will improve scores on Harms School Age Environment Rating Scale through increased training to providers regarding the needs of this child population.

Quality Earmarks: *Quality expansion earmarks have been used in the CCR&R Centers, Tennessee Early Childhood Training Alliance (TECTA), Tennessee's Outstanding Providers Supported Through Available Resources (TOPSTAR), Tennessee Child Care Facilities Corporation (TCCFC), Child Care Provider Assessment Units and UT Star Quality Program.*

Expected outcomes of training, mentoring and star quality incentive bonuses will be reflected in increased scores on yearly evaluations of child care providers.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51). The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 8,995,818 (7 %)

- 5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658E(c)(3)(B), §§98.13(a), 98.16(h))

Yes No

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Comprehensive consumer education; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grants or loans to providers to assist in meeting State and local standards; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Improving the monitoring of compliance with licensing and regulatory requirements; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Professional development, including training, education, and technical assistance; |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Improving salaries and other compensation for child care providers; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Activities in support of early language, literacy, and numeracy development; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Activities to promote inclusive child care; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2)) |

- 5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

Comprehensive consumer education; *a comprehensive brochure titled "A Parent's Guide to Choosing Quality Child Care in Tennessee," has been produced by Tennessee State University, which is a Tennessee Board of Regent (TBR) institution, to educate parents about quality child care in Tennessee and to aid them in locating and choosing a quality provider. This brochure instructs parents about a variety of quality issues such*

as licensed child care options, making visits and observing the caregiver or teacher and the children, Child Care Resource & Referral Centers, etc. This brochure will be distributed to the CCR&R Centers, Child Care Licensing Staff, and to the Child Care Certificate Program offices who will then distribute the brochure to parents and the community.

Expected outcome is that the resource and referral process will have adequate resources to assist parents in selecting quality child care. Parent satisfaction regarding choices for their children will increase as well as the parent being able to identify quality in a child care setting.

Grants or loans to providers to assist in meeting State and local standards; *Quality Enhancement Grants are available to assist providers several times throughout the year. These grants are processed and managed by the Lead Agency. The areas of improvement indicated on the provider's completed Star Quality Child Care Program evaluation and in the assessment component report, are used to determine the amount of the award, as funds are available. Funds can be used to purchase program supplies, for parent education, for minor improvements and equipment, and several other categories, which is intended help providers improve the quality of their programs.*

Improving the monitoring of compliance with licensing and regulatory requirements; *Personnel and travel costs for the Program Evaluator positions will be funded with CCDF dollars. Program Evaluator positions are Lead Agency positions. The Lead Agency completes 6 (six) unannounced visits and 1 (one) announced visit per year to each licensed provider in the state. They also complete visits to investigate complaints, as needed, which have resulted from complaint calls. By frequent monitoring of providers on their compliance with state regulations, the Lead Agency identifies providers not meeting standards and refers them to the Child Care Resource and Referral Centers for technical assistance or brings legal enforcement action if necessary.*

Professional development, including training, education, and technical assistance; *CCDF funds will be used to continue the Tennessee Early Childhood Training Alliance (TECTA), a comprehensive, articulated provider training system through Tennessee Board of Regents (TBR) institutions. One TBR institution, Tennessee State University, manages the statewide system. TECTA provides funds for a free 30 hour orientation for providers and assists providers with tuition supplements for classes leading to Child Development Associate designation. TECTA supports other local, regional, or statewide training events and the Early Childhood Assessment Training System. The TECTA system provides for grants or mentors to provide technical assistance to achieve accreditation. TECTA also offers assistance for providers to attend conferences and training events to enhance staff development.*

Expected results are an increase in the number of child care providers receiving their Child Development Associate designation and an increase in the number of providers choosing to attend academic classes in early childhood development and education.

Outcomes for children will include an increase in quality of care, better preparation for kindergarten and a safer learning environment

Funds will also be used to provide a network of eleven (11) Child Care Resource & Referral Centers across the state to assist providers with improving their program and/or practices, improving health outcomes for children in care and to successfully include children with special needs and disabilities in their program.

Expected results are that providers will improve their program and/or practices, increase their knowledge of child development, and implement research based early childhood education curricula. Providers will improve health outcomes for children in care and successfully include children with special needs and disabilities in their program. Parental choices for selecting quality child care will increase as the resource and referral process will be on a local level as administered through the eleven CCR&R Centers across the state. These Centers are also expected to increase parent knowledge of such issues as child development, the importance of early childhood education and developmentally appropriate behavior management. The measurement for these outcomes will be increased ratings for providers on the Harms Environment Rating Scales resulting in increased star ratings. Parent satisfaction and knowledge gains will be measured through surveys.

The Lead Agency has also contracted Child Care Assessment Units (CCAU) to administer the assessment component of the Star Quality Child Care Program. These units are located in the same eleven 11 regions as the Child Care Resource & Referral Centers across the state and are also either private non-profit organizations or a Tennessee Board of Regent (TBR) institution. The CCAU's use the Harms, Clifford, and Cryer Environment Rating Scales to assess all licensed agencies. The CCAU's work in close communication with the CCR&R Centers to provide information and updates regarding the assessment process so that appropriate technical assistance can be offered to the provider. Assessment results are posted in each provider's facility in the form of a Report Card. The assessments completed by the CCAU's help parents to determine if the provider meets or exceeds minimal standards in the recognized components of a quality provider.

Expected result is that provider assessment scores will continue to improve as technical assistance provided by CCR&R Centers targets the scores that need to improve. Agency star ratings will increase indicating an increase in the quality of the care given to children attending the agency.

Activities in support of early language, literacy and numeracy development; *The Tennessee Child Care Provider Training (TN-CCPT) program is providing "HeadsUp! Reading" courses throughout the state. This effort is collaboration between TN-CCPT, the Tennessee Departments of Human Services, the Tennessee Department of Education and the Head Start State Collaboration Office. Heads-Up! Reading is a 30 hour, research-based college course on early literacy broadcast through satellite television and*

the Internet to train early educators who work with children birth through age five. Broadcasts are taped and CCR&R Centers use the taped courses to train providers on how to lay a solid base for early literacy practices in the child care classrooms. Each tape includes discussions of participants from a variety of areas. In addition to the tapes, lessons are available for download from the Internet for use during the workshops. Information about Heads-Up! Reading can be found at www.heads-up.org.

Expected outcome is that children will show an increased readiness for kindergarten and ultimately will have higher scores on the Department of Education's testing instrument.

Activities to promote inclusive child care; *The Child Care Resource & Referral (CCR&R) Centers partner with the Department of Health and the Tennessee Council on Developmental Disabilities to provide an array of services to promote inclusive child care. CCR&R Centers help providers and parents to locate and utilize available local, state and federal resources and programs designed to make the inclusion of children with disabilities and/or special health care needs successful. The CCR&R Centers provide on-site consultation to providers, and lend resources from their resource library, including adaptive equipment and other tangible resources, designed to assist in the inclusion of children with special needs.*

Expected outcome is an increase in the number of children with special needs attending child care. The needs of these children will be adequately met preparing them for entrance into the school system.

Healthy child Care America: Through this grant program the Department of Health in collaboration with Department of Human Services provides training for the health consultants placed in each of the eleven CCR&R Centers. The purpose of the program is to effectively integrate health activities into services for children in early childhood.

Expected outcome is that child care providers in partnership with families will promote the healthy development of young children in child care and increase access to preventive health services and a safe physical environments for children.

Other quality activities that increase parental choice, and improve the quality and availability of child care; *CCDF funds will be used to maintain the child care complaint hotline. This is a toll free number, available statewide, that parents and the public use to report complaints. Lead Agency employees staff this hotline.*

The Lead Agency operates a quality child care incentive program entitled The Star Quality Child Care Program which, under state statute, requires all licensed child care providers to participate in an assessment of the program and therein receive a report card. The report card is posted at all licensed agencies to help parents identify and choose a quality provider. Agencies that exceed minimum standards receive a 1-Star, 2-Star, or 3-Star rating and are eligible to receive a rated child care license. Providers who are enrolled in the CCDF certificate program and receive a rated child care license

(1-, 2-, or 3-Stars), may participate in a tiered bonus program that is based upon a percentage of their provider rate.

CCDF funds for the Star Quality Child Care Program will also include the staffing and training of the Child Care Assessment Units that conduct assessments of licensed child care agencies using the Harms Environment Rating Scales.

The Star Quality Child Care Program, through the University of Tennessee, will continue to support the Child Care Assessment Units with training, updates to environment scales and technical assistance. The program will continue to collect data from these assessments for evaluation of the assessment process. The Star Quality program will have close communication with the Child Care Resource & Referral Centers so that child care providers and parents may benefit from assessment information.

Expected outcome is that provider assessment scores will continue to improve through the offer of technical assistance targeted to improve low scores. Agency star ratings will increase indicating an increase in the quality of the care given to children attending the agency.

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

() No.

(X) Yes,

Type (see section 1.6 of the guidance):

- ***Signal Centers of Chattanooga***
Private non-profit organization (contract for the operation of the Child Care Resource & Referral Centers)
- *The following entities provide Child Care Resource and Referral Center and Star Quality services:*

***Community Development Center
Developmental Services of Dickson
Michael Dunn Center
Signal Centers
Upper East Human Development Agency
Kiwanis Center for Child Development
Tennessee Technological University
Tennessee State University
University of Tennessee-Knoxville
University of Tennessee-Martin
Southwest Community College***

*Private non-profit organization
Private non-profit organization
Private non-profit organization
Private non-profit organization
Private non-profit organization
Private non-profit organization
TN Board of Regents Institution
TN Board of Regents Institution
TN Board of Regents Institution
TN Board of Regents Institution
TN Board of Regents Institution*

- *Grantees receiving Quality Enhancement Grants and Standards Grants are non-governmental. These contracts are offered on a yearly basis through a competitive process. Grant recipients change from year to year. Grantees for FY 03 are attached please see item labeled **Attachment Part 5.A. Quality Enhancement and Standards Grant Recipients for FY 2003.***

5.2 - Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agencies is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

5.2.1 - Voluntary Guidelines for Early Learning

- Indicate which of the following best describes the current **status** of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds:
 - a) ☐ Preliminary thinking or planning.
 - b) ☒ Guidelines are being developed.
 - c) ☐ Guidelines are developed but need to be modified.
 - d) ☐ Guidelines are developed and implementation is in progress.
 - e) ☐ Guidelines are developed and implemented in pre-kindergarten programs but not in child care.
 - f) ☐ Guidelines are developed and implemented.
 - g) ☐ Other. Please describe:
- Describe the **process** that was used or is planned for developing the State's early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State's K-12 educational standards aligned? If they are not aligned what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?

The Department of Education is providing leadership to develop early learning guidelines that are research based and framed by the guiding principles used to develop the State's learning guidelines for ages 3 and 4. A description of the principles may be

found at www.state.tn.us/sbe/earlychild.htm. The guidelines under development will address birth to age five and align with the State's K-12 standards. A draft of proposed guidelines will be completed in the fall of 2003 and the guidelines should be completed by the spring of 2004.

- Describe the **domains** of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the web, provide the appropriate website address.

The domains of development that will be addressed are literacy, language, pre-reading, social/emotional, health and safety, and numeracy, and physical development.

Guidelines for the domains are under development through the following process: A Coordinating Council has been established that includes representation from Department of Education, State Department of Health, TN Child Care Association, State Board of Education, Department of Human Services, State Head Start Collaboration, Metro Nashville Mayor's Office of Children and Youth, Tennessee Early Childhood Training Alliance (TECTA), Tennessee Association for Education of Young Children (TAEYC), Commission on Children and Youth, Tennessee Colleges and Universities and other collaborators and interested parties. This Council conducted its first meeting in May 2003.

DOE is the lead agency and has developed a preliminary draft of the early learning guidelines for the group to use as a baseline to develop the final guidelines. The following steps will identify measurable child expectations.

- *Learning expectations based on child development will be set forth as benchmarks for the child.*
- *Examples of outcome performance measures that indicate a child is meeting the benchmarks of development will be outlined. Strategies that link expectations to outcomes will be included with examples.*
- *Department of Education (DOE) and Department of Human Services (DHS) will link the early learning guidelines to professional development strategies already in use within the early childhood community. DOE uses certain instruments to assess a teacher's abilities to follow the early learning guidelines. These instruments will be aligned with the standards and shared with caregivers through TN-CCPT and CCR&R Centers.*
- *Curriculum development will follow early learning guidelines and will be shared with child care providers through TN-CCPT and CCR&R Centers.*
- *Following the model of the DOE system, CCR&R staff will work with child care providers by observing teacher/child interaction. Staff will then help each teacher understand and implement the early learning guidelines. Guidelines are expected to address the social, emotional, cognitive and physical aspects of learning. This information along with the baseline being developed by Department of Education will be a useful start in the development of comprehensive guidelines for all entities serving young children.*

- Describe the process the State used or expects to use in **implementing** its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?

The process for implementing early guidelines will involve key stakeholders as the coordinating council. The core team will identify guidelines, activities and related initiatives prior to Spring 2004. DOE will facilitate the process and provide access to relevant expertise. The resulting document will communicate the guidelines clearly to other stakeholders in the community. Public hearing(s) will be conducted on the content of the resulting document and the public will be allowed to make comments on the proposed guidelines. Following public comment, any revisions to the proposed guidelines will be made and a process for regular review of said guidelines will be developed.

When the guidelines are finished it is expected that they will be adopted and made mandatory for all Department of Education pre-kindergarten classrooms. They will remain voluntary for all Department of Human Services regulated providers.

The Department of Human Services has examined the Harms Environment Rating Scales to determine the items within the scales that correlate with the early learning guidelines. DHS will use existing resources and curricula such as "Heads-Up Reading," TN-CCPT training, the CCR&R Centers, Technical Assistance and Training and collaboration with TBR institutions to disseminate these guidelines to participating child care providers. Pilot projects are currently underway in Memphis City Schools and in Nashville-Davidson County Schools that link early childhood education with the provision of traditional child care.

- As applicable, describe the State's plan for **assessing** its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?

Routine, structured observational assessments will be an integral part of assessing the young child's progress in the early learning setting. A reliable and valid assessment instrument that has been proven by research to correlate to standardized tests will be used as the assessment tool. The CCR&R Centers will provide training to properly administering the assessment tool to each program that has volunteered to adopt the early learning guideline. The data from these assessments will be gathered and

analyzed. This information will guide the CCR&R Centers to provide improved training for child care agencies so that they in turn can improve their program and instruction to foster optimum child growth and learning.

Evaluation of the effectiveness of the early learning guidelines as well as the effectiveness of programs that have adopted and actively participated in the full implementation of these guidelines will be measured through a collaborative effort with the Department of Education. There is a database already in existence within the Department of Education that captures scores of each child in the third grade. The Department of Human Services will collaborate with DOE to conduct a study to compare the scores of two groups of children in the third grade. One group will have received care from child care facilities where the early learning guidelines were implemented. The other group of children will have received care from child care facilities who did not participate in the use of the guidelines. DOE and DHS hypothesize the scores will show that children receiving early childhood education in child care facilities using the guidelines are better prepared for elementary school as demonstrated by higher scores on the DOE testing instrument. This data can then be used to encourage child care agencies to adopt the guidelines. It can also be used to educate parents as to how the quality of child care will affect their child's educational progress.

DOE, DHS and other state agencies will use the data to demonstrate to the community the value of investing in early childhood education. The business community will have access to a workforce that is productive. The community in general will profit from children who are well prepared to be responsible adults. It is also anticipated that Tennessee Board of Regents institutions will have a cumulative database to show the advantage of increasing the number of courses and degrees in early childhood education.

Section 5.2.2 - State Plans for Professional Development

- Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

Tennessee Early Childhood Training Alliance (TECTA), Tennessee Child Care Provider Training (TN-CCPT), Child Care Resource & Referral Centers, Infant/Toddler Model Sites Program and Tennessee Outstanding Providers Supported Through Available Resources (TOPSTAR) are the entities that provide training, technical assistance and professional development opportunities to child care providers. All of the named programs are available statewide. A brief description of all programs follows.

TECTA – Administered by Tennessee State University, this program provides a statewide system of early childhood training and professional recognition for child care providers administered by higher education, which includes orientation training through advanced degree programs.

TN-CCPT – Administered by Signal Centers as part of the Child Care Resource & Referral Centers this program provides training to child care providers using provider licensing fees. Training is provided by the eleven (11) CCR&R Centers in five topic areas: administration, child development, early childhood education, health and safety, and developmentally appropriate behavior management. Curriculum is developed through Tennessee State University and disseminated to trainers through train-the-trainer institutes.

Child Care Resource & Referral Centers – This program administered by Signal Centers, provides technical assistance and training to child care providers through on-site consultation, telephone consultation, health consultation, inclusion resources and assistance, lending library resources and workshops according to provider needs. The CCR&R Centers will provide resource and referral services to consumers on a regional basis. This function includes parent education and community outreach.

Infant/Toddler Model Sites – Administered by Tennessee State University, this program has developed 16 child care provider model sites according to the PITC (Program for Infant/toddler Caregiver) philosophy. Infant/Toddler specialists in each of the three grand divisions of the state arrange for provider observations at one or more of the model sites in the provider's area. PITC specialists then follow-up with the provider offering technical assistance and support for the practical implementation of the model.

TOPSTAR – Tennessee's Outstanding Providers Supported Through Available Resources is administered by Tennessee Family Child Care Alliance. This program is designed to develop mentor/protégé relationships where experienced providers support and assist less experienced family home providers. The program seeks to provide twenty hours of on-site technical assistance and consultation from family provider to family provider. The program also develops family provider support groups and sponsors an annual recognition banquet to recognize outstanding providers. The TOPSTAR Program was originally established in Shelby County in FY 2001/2002. The program was expanded into Davidson, Knox, and Hamilton Counties in FY 2002/2003, and will become a statewide program in FY 2003-2004.

- Does the State have a child care provider professional development **plan**?
 - (X) Yes; if so, identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how.

The Lead Agency's plan was developed in conjunction with the Governor's Child Care Task Force, the Departments of Health and Education, Council on Developmental Disabilities, Tennessee Board of Regents institutions, child care providers and other

early childhood education specialists. The plan addresses all categories of providers and provides a continuum of training and education. The majority of training and professional development is offered free of charge or at minimal cost and at times convenient for the provider.

The Child Care Resource & Referral (CCR&R) Centers now cover the entire state through eleven 11 locations and serve as ongoing training and support for child care providers and the community. The TN-CCPT program works in conjunction with the CCR&R Centers by providing training in five core areas including child development and early childhood education. This curriculum has been developed, and will continue to be developed, by Tennessee State University using research based and nationally recognized training in all areas, especially early childhood education. The addition of the “Heads-UP! Reading” curriculum to TN-CCPT addresses early language, literacy, pre-reading and numeracy. The Harms Environment Rating Scale, used to assess child care agencies, contains items that relate to early language, literacy, pre-reading, and numeracy. Results of the assessments are used to determine areas that need strengthening with individual providers and a base for the State to determine training needs.

The TECTA program provides both an orientation for new providers and a stepping stone to further academic education for all child care providers. The primary goal of the program is to improve access for Tennessee citizens to quality early childhood education by providing center, school-based and family child care teachers and administrators with articulated, certificate and degree preparation programs. The programs are based on state and national standards for the preparation of professional early childhood education personnel.

() No; if no, are steps under way to develop a plan? If so, describe the time frames for completion and/or implementation, steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and numeracy.

- Are program or provider-level **incentives** offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

Technical assistance, through TN-CCPT and CCR&R Centers, is free and held at convenient times for providers, i.e. nights and weekends or lunch hours. TECTA Orientation classes are free and tuition is paid for the first two levels of the Career Lattice leading to a Child Development Associate designation. TECTA pays 60% of the cost of the remaining courses. Some scholarship monies are available for providers seeking the CDA. The courses emphasize providing a healthy learning environment, understanding child development and how to promote early language, literacy, pre-reading and numeracy. TN-CCPT includes training for providers in early childhood education and the Child Care Resource & Referral Centers supplement this training with hands-on technical assistance for providers.

Each year all licensed agencies within the state complete the evaluation and report card process. One of the component areas of the process is Professional Development. As agencies increase the rating in each of the component areas the overall Star-Rating may increase as well. Agencies with higher ratings are eligible for tiered bonus rates through the Child Care Certificate Program.

- What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

Evaluations of the services provided by both TECTA and TN-CCPT are done on a semi-annual basis. Child Care Resource & Referral Centers submit monthly data reports regarding contacts with providers. The CCR&R Centers will administer a yearly needs-assessment to help in planning for the local and community professional development and training/education of child care providers. This data will be used to adjust the State's plan for additional areas of training, or modification to existing training, as well as professional development.

The expected outcomes of the training/education and staff development plan are higher quality agencies as demonstrated by higher scores on agencies' evaluation and report cards. The Evaluation and Report Card System continues to annually evaluate all licensed child care providers. Evaluation data are collected and analyzed to determine the overall star rating of the agency. The scores encompass areas such as using language to develop reasoning skills, interactions among children, interactions among children and staff, math/number activities, using language to develop reasoning skills, informal use of language, and gross motor activities to name a few. Agency evaluations with improving scores on Environment Rating Scale items will be an indicator of improved school readiness. A Report Card is posted at each agency to aid parents in determining quality and in accessing a quality provider. If the provider is participating in the Star Quality program a Star Quality Report Card is posted at the agency.

Section 5.2.3 - State Plan for Program Coordination

- Does the State have a **plan** for coordination across early childhood programs?

(X) Yes.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

The Lead Agency works in conjunction with Department of Education (DOE), Head Start Collaboration Office and the Department of Health (DOH) and other early childhood agencies to ensure coordination occurs across early childhood programs. The programs involved include CCR&R Centers funded through Department of Human services using CCDF funds; Head Start; TANF funds that provide child care through the certificate program; Department of Mental Health and Developmental Disabilities (DMHDD) funding for inclusion activities in child care; and Department of Education funding for pre-K.

() No.

- Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development and outcomes for children.

Program coordination will result in quality child care programs that promote literacy, language, pre-reading, social/emotional, numeracy and health and safety for young children. This coordination will also result in an outreach to parents to support learning and development of children in their homes.

CCR&R Centers provide training in early childhood development for child care providers and partners from DOH, DOE and Head Start. CCR&R training maximizes CCDF funding by including staff from other departments. When early learning guidelines are finished the CCRC Centers will be the vehicle for training child care providers with the assistance of DOE. The CCR&R Centers plan to train parents in the guidelines and other topics in early childhood development along with the local community agencies working with children and parents. Professional development and assessment for child care providers in early learning guidelines will be in collaboration between CCR&R Centers, DOE and DOH.

The CCR&R Advisory Council meets quarterly and includes representatives from DOE, DOH, DMHDD, Head Start, Tennessee Commission on Children and Youth, Tennessee Family Child Care Alliance, legislature representatives and other community entities working in or interested in early childhood care and development. The Council reviews current activities and makes suggestions for improvements in communication and best practices.

- Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

The Lead Agency works closely with other State departments on all grants and initiatives and includes input from the local communities through the CCR&R Centers. This coordination will continue and expand as early learning guidelines are developed and implemented.

PART 6 - HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(ONLY THE 50 STATES AND THE DISTRICT OF COLUMBIA COMPLETE PART 6.
ONLY TERRITORIES COMPLETE PART 7.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>

Section 6.1 - Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☐ YES, answer 6.1.2 and proceed to 6.2.
☒ NO, answer 6.1.2 and 6.1.3.

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ NO
☒ YES, and the changes are as follows:

The center adult:child ratios have changed as follows:

- ***Effective 2/1/02***

- *Single-Age Groupings:*

<i>Infants adult:child ratios went from</i>	<i>1:5 with a maximum group size of 10 to 1:4 with a maximum group size of 8</i>
<i>Toddler adult:child ratios went from</i>	<i>1:7 with a maximum group size of 14 to 1:6 with a maximum group size of 12</i>
<i>2 Year Old adult:child ratios went from</i>	<i>1:8 with a maximum group size of 16 to 1:7 with a maximum group size of 14.</i>

- *Multi-Age Groupings:*

<i>Infant/Toddlers adult:child ratio went from</i>	<i>1:6 with a maximum group size of 12 to 1:5 with a maximum group size of 10</i>
--	---

- **Effective 7/1/02**

- Single-Age Groupings:

- 3 Year Old adult:child ratios went from 1:10 with a maximum group size of 20 to 1:9 with a maximum group size of 18

- Multi-Age Groupings:

- 2.5-3 Year Old adult:child ratios went from 1:10 with a maximum group size of 18 to 1:9 with a maximum group size of 18.

- **Effective 7/1/03**

- Single-Age Groupings:

- 4 Year Old adult:child ratios went from 1:15 with a maximum group size of 20 to 1:13 with a maximum group size of 20

- 5 Year Old adult:child ratios went from 1:20 with a maximum group size of 20 to 1:16 with a maximum group size of 20

- School-Aged adult:child ratios went from 1:25 with a maximum group size of 25 to 1:20 with no maximum group size

- Multi-Age Groupings:

- 2.5-5 Year Old adult:child ratios went from 1:12 with a maximum group size of 20 to 1:11 with a maximum group size of 20

- 3-5 Year Old adult:child ratios went from 1:15 with a maximum group size of 22 to 1:13 with a maximum group size of 22

- 4-5 Year Old adult:child ratios went from 1:20 with a maximum group size of 24 to 1:16 with a maximum group size of 24

- 5-12 Year Old adult:child ratios went from 1:25 with a maximum group size of 25 to 1:20 with no maximum group size

6.1.3 For that center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

In Tennessee, only the Boy's and Girl's Clubs are exempt for the state's center licensing rules. They are required to adhere the following:

- *The prevention and control of infectious disease (including age-appropriate immunizations) - Please see item labeled **Attachment 6.A. Unregulated Child Care Provider Prevention & Control of Infection Disease Sheet***
- *Building and physical premises safety - Please see item labeled **Attachment Part 3.A, Unregulated Child Care Provider Health and Safety Checklist.***
- *Health and safety training - Please see item labeled **Attachment Part 3.A, Unregulated Child Care Provider Health and Safety Checklist.***

Section 6.2 - Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☒ YES, answer 6.2.2 and proceed to 6.3.

☐ NO, answer 6.2.2 and 6.2.3.

6.2.2 Have group home licensing requirements as relates to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?
(§98.41(a)(2) & (3))

☒ NO.

☐ YES, and the changes are as follows:

6.2.3 For that group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 6.3 - Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☐ YES, answer 6.3.2 and proceed to 6.4.

☒ NO, answer 6.3.2 and 6.3.3.

Note: Family Home Providers who care for 4 or less unrelated children are not subject to Licensing requirements.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?
(§98.41(a)(2) & (3))

☒ NO

☐ YES, and the changes are as follows:

6.3.3 For that family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations) - *Please see item labeled Attachment 6.A. Unregulated Child Care Provider Prevention & Control of Infection Disease Sheet*
- Building and physical premises safety - *Please see item labeled Attachment Part 3.A, Unregulated Child Care Provider Health and Safety Checklist.*
- Health and safety training - *Please see item labeled Attachment Part 3.A, Unregulated Child Care Provider Health and Safety Checklist.*

Section 6.4 - Health and Safety Requirements for In-Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above? If:

() YES, answer 6.4.2 and proceed to 6.5.

(X) NO, answer 6.4.2 and 6.4.3.

Note: Family Home Providers who care for 4 or less unrelated children are not subject to Licensing requirements.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan?
(§98.41(a)(2) & (3))

(X) NO

() YES, and the changes are as follows:

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations) - *Please see item labeled Attachment 6.A. Unregulated Child Care Provider Prevention & Control of Infection Disease Sheet*
- Building and physical premises safety - *Please see item labeled Attachment Part 3.A, Unregulated Child Care Provider Health and Safety Checklist.*
- Health and safety training - *Please see item labeled Attachment Part 3.A, Unregulated Child Care Provider Health and Safety Checklist.*

Section 6.5 - Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- () All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- () All relative providers are exempt from all health and safety requirements.
- (X) Some or all relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those different requirements and identifies the relatives they apply to. *Please see item labeled **Attachment Part 3.A, Unregulated Child Care Provider Health and Safety Checklist.** Items 2, 5, 7, and 10 of that checklist indicate different health and safety requirements for care being provided by an immediate relative. The definition of immediate relative is located in **Appendix 2, Eligibility and Priority Terminology.***

Section 6.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - (X*) No
 - (X) Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.
 - *Currently, six unannounced visits are required for each licensed provider annually.*
 - **Unregulated family home providers exempt from licensing and participating in the assistance program are not subject unannounced visits but are required to complete one annual scheduled visit by staff of the Lead Agency or its contract agency staff.*
- Are child care providers subject to background checks?
 - (X*) No
 - (X) Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

- *All staff of licensed agencies who have direct contact with children is required to have background checks and anyone 15 years or older, in a residential setting (i.e. family of group home), is required to have a background check. Background checks are initiated within 10 days of employment. These requirements only apply to staff beginning employment after January 15, 2001. These requirements do not apply to staff already employed prior to January 15, 2001 or those living in the residential setting 15 years old or older prior to January 15, 2001.*
 - **Unregulated family home providers exempt from licensing and participating in the assistance program are not subject to a background check.*
- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
- (X*) No
- (X) Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable).
- *For agencies licensed by the state, all accidents and injuries to children must be documented to include date and time injury occurred, description of circumstances, and action taken by caregivers. Injuries of more than a minor nature must be reported to the parent(s) as soon as possible but no later than the end of the day in which they occurred.*
 - **Unregulated family home providers exempt from licensing and participating in the assistance program are not specifically required to report serious injuries to the Lead Agency of its contract agency staff.*
- Other methods used to ensure that health and safety requirements are effectively enforced:
- *For agencies licensed by the state, health and safety requirements are enforced through a variety of efforts. Licensing staff investigates all complaints and all agencies receive six announced visits each year and one announced visit each year. In addition, the Star Quality Child Care Program requires that independent assessment personnel visit the facility each year to conduct an evaluation of the child care program. Reports from assessors may also provide information that enables us to more effectively enforce health and safety requirements.*
 - *Unregulated family home providers exempt from licensing and participating in the assistance program are subject to an initial home inspection and then an annual home inspection for basic health and safety conditions. Some inspection items are waived for in-home care with an immediate family member, e.g. child's upstairs bedroom lacks a second story exit; child's second story apartment lacks a second exit.*

Section 6.7 – Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

PART 7 - HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

Section 7.1 - Health and Safety Requirements for Center-Based Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.2 - Health and Safety Requirements for Group Home Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.3 - Health and Safety Requirements for Family Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.4 - Health and Safety Requirements for In-Home Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.5 - Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- () All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- () All relative providers are exempt from all health and safety requirements.
- () Some or all relative providers are subject to different health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

Section 7.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - () No
 - () Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.
- Are child care providers subject to background checks?
 - () No
 - () Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

- Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - () No
 - () Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable).
- Other methods used to ensure that health and safety requirements are effectively enforced:

Section 7.7 – Exemptions from Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- _____ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- _____ Children who receive care in their own homes.
- _____ Children whose parents object to immunization on religious grounds.
- _____ Children whose medical condition contraindicates immunization.

APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-544)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2 - ELIGIBILITY AND PRIORITY TERMINOLOGY:

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- (1) *job training and educational program* - any such program approved and under contract offered by the Lead Agency; or through local education agencies adult basic education or general equivalency programs; or through the State's, vocational or higher education institutions leading to a certificate, associate or baccalaureate degree. Includes training and education programs through the Division of Vocational Rehabilitation. Excludes post-graduate degree programs. Includes teen parents attending local public high school classes.
- (2) *attending* (a job training or educational program; include minimum hours if applicable) – A participant is considered “attending” a job training or educational program on a full-time basis when a post-secondary educational program is 12 semester credit hours or more. One (1) study hour per credit hour is counted towards meeting the 40-hour full-time work requirement. Or, a participant is enrolled in a training curriculum provided in a state post-secondary technical program and in which the core curriculum is 30 hours per week or more. These training programs are considered to meet the 40-hour full-time work requirement.
- (3) *in loco parentis* – A person acting as a parent and providing support to minor children.
- (4) *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) – A child must be a Social Security Insurance (SSI) recipient or have a mental or physical condition that prevents or limits self-care or self-supervision or impairs normal development. If not a SSI recipient, the condition must be verified by a written statement or documentation from physician, or psychiatrist or licensed or certified psychologist or from the Local Education Agency's multidisciplinary team.
- (5) *protective services* – (Not applicable in Tennessee as this service is funded under the Social Services Block Grant.)
- (6) *residing with* – When considering a child for subsidy assistance, the child must be residing with a person related by the fifth degree of blood relationship; with a person holding legal custody; or with a person having foster parent responsibility through the state protective services agency. For TANF families, the child must be residing in one of the above situations or residing with a TANF participant for whom the participant has care and control of the child and without such child care assistance would be otherwise prevented from carrying out her work participation requirements under the personal responsibility plan.
- (7) *special needs child* - A child who is a SSI recipient or has a mental or physical condition that prevents or limits self-care or self-supervision or impairs normal development. For

children not identified as a SSI recipient, then has one of these above conditions verified in a written statement or documentation from physician, or psychiatrist or licensed or certified psychologist or from the Local Education Agency's multidisciplinary team.

- (8) *very low income* – A family which meets the current TANF cash assistance program's income eligibility.
- (9) *working* (include minimum hours if applicable) –The minimum employment for employed participants, including those self employed, is 40-hours per week; or, 35 to 40 hours per week if that is considered full-time employment by the employer.
- (10) Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

Teen Parent – A person who is under age 19 and is attending school grades K-12 and is making satisfactory attendance and progress.

Minimum Participation Effort- for TANF parents, the minimum participation is dependent upon the client's test outcome for basic literacy. Those testing at or below grade 8.9 are required to participate for a minimum of 20 hours per week. Those testing at 9.0 or above are required to participate for a minimum of 40 hours per week (unless the employer considers 35-40 hours per week to be a full time employment). For Transitional parents leaving TANF, the minimum participation is 20 hours per week. For non-TANF low-income parents, the minimum participation is a minimum of 40 hours per week (unless the employer considers 35-40 hours per week to be a full time employment).

Post-secondary education- a college or technical educational program above the high school levels.

Non-TANF, low-income- a family earning a household gross income above the TANF eligibility guidelines, but below the child care eligibility limit and not on the Transitional child care assistance program which follows a family leaving the TANF assistance program.

Income, for eligibility purposes- is defined as the gross household income of those family members counted within the household. This includes counting the work income from any teenage family member who is residing in the home and who is not attending school or a training program.

Excluded income- for eligibility purposes, is that amount paid out by the applying parent in child support as an absentee parent to another family; part time or summer employment of child or teenage family members who are still attending school or a training program, food stamps; certain education funds such as PELL grants

appropriate child care- Appropriate child care is that care which, at a minimum, meets the state child care licensing standards or the health and safety checklist for unregulated home providers established by the Lead Agency for these types of care arrangements.

reasonable distance- The distance from the parent's home to the child care arrangement is considered "reasonable" travel when the care location is within walking distance, or access to personal, other private or public transportation is known to be available to that parent.

unsuitability of informal child care- Informal or unregulated care is considered unsuitable when it does not accommodate the parent's work schedule or his/her need for reliability. The unregulated provider who does not meet Lead Agency's requirements for appropriate character or capability to provide safe care is considered unsuitable. Also, the care setting which does not meet the Lead Agency's minimal requirements for health and safety is considered unsuitable.

affordable child care arrangements- An affordable child care arrangement is care provided by those agencies and individuals who are participating in the Lead Agency's certificate program for subsidized assistance and with whom the arrangement was selected by the parent.

(11) Other terms related to this report.

Caretakers- usually a relative within the fifth degree of blood relationship, or is a legal guardian, eligible for and in need of child care assistance and who has care and control of a eligible child.

Immediate relative- a relative caretaker who is a brother or sister or grandparent or great-grandparent to the parent and who has care and control of the eligible child.